

City of Manchester
 14318 Manchester Road
 Manchester, MO 63011
 P: (636) 227-1385 ex. 118
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 pandz@manchestermo.gov



Dumpster/POD Application

PROJECT ADDRESS: _____
Owner: _____
Address: _____ **Phone:** _____
City, State, Zip: _____ **Email:** _____

Applicant: _____
Address: _____ **Phone:** _____
City, State, Zip: _____ **Email:** _____

A permit is not required for dumpsters, PODS, storage containers or similar units that are stored in the driveway for four (4) days or less provided prior notice is given to the Planning & Zoning Department.

Any unit that is placed in the street or roadway **MUST** obtain a permit prior to delivery and placement of the unit. A permit for a unit in a roadway is subject to City staff approval and will be reviewed to ensure that its placement does not cause a major traffic hazard. All units in the roadway must have adequate traffic control devices, including but not limited to, a Type 3 barricade or 28" tall traffic cones with reflective tape.

REMINDER: Activities related to the use of dumpsters, PODS, storage containers or similar units shall be limited to the hours of 7am to 8pm Monday thru Saturday and 9am to 8pm on Sunday.

Type of Container: Dumpster PODs Storage Container Other: _____

POD/Storage Container Dimensions: Length: _____ Width: _____ Height: _____
Cannot exceed 16'x8'8'

Size of Dumpster: 20yd 30yd 40yd Other: _____

Container Placement: On Street Driveway

Starting Date & Fees if in DRIVEWAY: <i>Not to exceed 3 permits per yr.</i>	Start Date: _____ \$29 – 1 st Permit 30 days	Start Date: _____ \$49 – 2 nd Permit 30 days	Start Date: _____ \$79 – 3 rd Permit 30 days
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Starting Date & Fees if on STREET: <i>Not to exceed 3 permits per yr.</i>	Start Date: _____ \$29 – 1 st Permit 2 wks	Start Date: _____ \$49 – 2 nd Permit 2 wks	Start Date: _____ \$79 – 3 rd Permit 2 wks
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I hereby certify that the information contained in this application and accompanying documents are correct, and that I will conform to all applicable laws of the City of Manchester.

Applicant Signature: _____ Date: _____
 Applicant's Name Printed: _____

FOR OFFICE USE ONLY BELOW

Unit must be removed by: _____ City of Manchester Permit #: _____
 Approved by: _____ Date: _____
Director, Planning, Zoning and Economic Development

Zoning Fees Fee paid on: _____ Amount: _____